

MODIFIED FY 2008-09 APPLICATION FOR FREE AND REDUCED-PRICE SCHOOL MEALS

You must fill out a new application each school year
ONE APPLICATION PER HOUSEHOLD

Dear Parent/Guardian:

Your School District participates in the National School Lunch Program/School Breakfast Program. If your gross income is the same or less than the amount listed in the chart below, complete this application and return it to your child's school. We cannot approve an application that is not complete. WIC participants may be eligible for free or reduced price meals. Please call the following number _____ if you need help:

INCOME CHART			
Effective July 1, 2008 to June 30, 2009			
Household Size	Annual	Monthly	Weekly
1	19,240	1,604	370
2	25,900	2,159	499
3	32,560	2,714	627
4	39,220	3,269	755
5	45,880	3,824	883
6	52,540	4,379	1,011
7	59,200	4,934	1,139
8	65,860	5,489	1,267
For each additional member add	+6,660	+555	+129

INSTRUCTIONS: In addition to completing the adult signature, date, address and phone number, please complete the section below that applies to your household.

- STUDENTS WHO ARE FOSTER CHILDREN**
 - Child's name (each Foster Child needs a separate application)
 - Child's personal income
- STUDENTS WITH FOOD STAMP/TEMPORARY ASSISTANCE TO FAMILIES IN IDAHO OR FDIPIR CASE NUMBERS**
 - Name/Names of children who receive benefits
 - CASE number for each child (EBT or quest card # not allowed)
- ALL OTHER STUDENTS**
 - All household members
 - Gross income by person
 - Social Security Number of adult signer

I certify that all of the information provided is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds; that school officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

☐ **CHECK HERE:** If children listed on the application are new to this school or did not receive free and reduced meals last year.

Signature of Adult Household Member or Foster Parent _____

Printed Name of Adult Household Member or Foster Parent _____

Date Signed _____

Street/Apt. Number _____

P. O. Box No. _____

City _____ State _____ Zip Code _____

Home Phone No. _____ Work Phone No. _____

1. FOSTER CHILD	GRADE	SCHOOL	CHILD'S PERSONAL INCOME

2. STUDENTS WITH FOOD STAMP, TEMPORARY ASSISTANCE TO FAMILIES IN IDAHO OR FDIPIR CASE NUMBERS	GRADE	NAME OF SCHOOL	List the FOOD STAMP, TAFI, or FDIPIR case number for each child
1			
2			
3			
4			

3. List the names of everyone in your household and gross income they receive except children listed above (unless income earned.) If household member listed below has no income, you must check the NO INCOME box.		Students Only	Students Only	Earnings from Work Before Deductions		Welfare, Child Support, Alimony Received		Pensions, Retirement, Social Security		ALL OTHER INCOME		
NAME	NO INCOME			GRADE	NAME OF SCHOOL	How Much?	How Often?	How Much?	How Often?	How Much?	How Often?	How Much?
1	<input type="checkbox"/>											
2	<input type="checkbox"/>											
3	<input type="checkbox"/>											
4	<input type="checkbox"/>											
5	<input type="checkbox"/>											
6	<input type="checkbox"/>											



Total number of household members – Attach a sheet of paper listing other household members if needed.

SOCIAL SECURITY NUMBER OF ADULT HOUSEHOLD MEMBER WHO IS SIGNING THIS APPLICATION

____ - ____ - ____



I do not have a Social Security Number

RACE/ETHNIC IDENTITY-OPTIONAL

Mark one or more racial identities:

- ☐ ASIAN
☐ WHITE
☐ BLACK OR AFRICAN AMERICAN
☐ AMERICAN INDIAN OR ALASKA NATIVE
☐ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
☐ OTHER

Mark one ethnic identity:

- ☐ HISPANIC OR LATINO
☐ NON HISPANIC OR LATINO

PLEASE NOTE:

Verification: Your eligibility may be checked at any time during the school year. School officials may ask you to send papers showing that your children should receive free or reduced price meals.

Fair Hearing: You may talk to school officials if you do not agree with the school's decision on your application or the results of verification. You also may ask for a fair hearing. You may do this by calling or writing:

Reapplication: You may apply for meals anytime during the school year. If you are not eligible now but have a change, like a decrease in household income, an increase in household size, become unemployed or receive food stamps or TAFI for your children, complete an application then.

Confidentiality: This application could be used for Federal and State initiated education programs along with USDA child nutrition meals.

PRIVACY ACT STATEMENT: This explains how we will use the information you give us. The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Food Stamp Program, Temporary Assistance for Families in Idaho (TAFI) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program review, and law enforcement officials to help them look into violations of program rules.

To find out more about programs in your community, contact the 2-1-1 Idaho CareLine by dialing 211 or 1-800-926-2588. Se habla español.

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability."

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

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DO NOT WRITE IN BOX BELOW - FOR SCHOOL USE ONLY

ANNUAL INCOME CONVERSION: Weekly X 52, Every 2 Weeks X 26, Twice a Month X 24, Monthly X 12		DENIED:	
<input type="checkbox"/> FOOD STAMP/TAFI/FDPIR HOUSEHOLD		<input type="checkbox"/> Income Over Allowed Amount	
<input type="checkbox"/> INCOME HOUSEHOLD: Total household income: \$ _____ How often _____ Household size: _____		<input type="checkbox"/> Incomplete/Missing	
<input type="checkbox"/> Other			
TEMPORARY APPROVAL FOR:	APPLICATION APPROVED FOR:	VERIFICATION RESULTS:	
<input type="checkbox"/> Free Meals, expires _____	<input type="checkbox"/> Free Meals	<input type="checkbox"/> No Change <input type="checkbox"/> Free to Reduced <input type="checkbox"/> Reduced to Free	
<input type="checkbox"/> Reduced-Price Meals, expires _____	<input type="checkbox"/> Reduced-Price Meals	<input type="checkbox"/> Ineligible (Reason) _____	
<input type="checkbox"/> WITHDRAWAL DATE _____		Signature of confirming Official _____	
Signature of Determining Official: X		Signature of Verifying Official: X	Date
Date Signed:	Date Notice Sent:	Date 1st Notification Sent:	Date 2 nd Notification Sent: